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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,435	09/11/2003	Cem Basceri	M4065.0528/P528-A	4094

24998 7590 02/02/2006

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP

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EXAMINER

PERT, EVAN T

ART UNIT

PAPER NUMBER

2826

DATE MAILED: 02/02/2006

Please find below and/or attached an Office communication concerning this application or proceeding.



Serial No. : 10659435  
Applicant : Cem Basceri  
Filing Date : September 11, 2003  
Date Mailed : February 1, 2006

## ACKNOWLEDGEMENT OF REQUEST

### *Notice of Allowance/Allowability Mailed*

The request for a corrected notice of allowance/allowability, dated November 17, 2005, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

A handwritten signature in black ink, appearing to read "Sunda M. Archer", written over a horizontal line.

SUNDA M. ARCHER  
For the Office of Patent Publication



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## \*BIBDATASHEET\*

CONFIRMATION NO. 4094

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/659,435	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 2826	<b>ATTORNEY DOCKET NO.</b> M4065.0528/P528-A	
<b>APPLICANTS</b> Cem Basceri, Boise, ID; Garo J. Derderian, Boise, ID;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/145,993 05/16/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/03/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24998					
<b>TITLE</b> METHOD OF FORMING MIS CAPACITOR					
<b>FILING FEE RECEIVED</b> 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		